U.S. Department of Labor
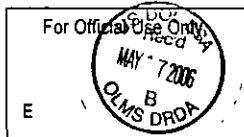Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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| READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. |

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1. File Number U - 11454	2. Fiscal Year Covered From:
	1 / 1 / 2005 Through: 12 / 31 / 2005

3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Fredric V Rolando	Name National Association of Letter Carriers
	Labor Organization File Number 000-509
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 100 Indiana Avenue N.W.	Street 100 Indiana Avenue, N.W.
City Washington	City Washington
State District of Columbia ZIP Code + 4 20001	State District of Columbia ZIP Code + 4 20001

5. Position in labor organization.   Director of City Delivery

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value **from an employer whose employees your organization represents** or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed _____	On 05/09/2006	(202) 662-2842
	Date	Telephone Number

Name of Person Filing Fredric Rolando	File Number U- 11454

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Peake Delancey Printers	☒ a. Labor Organization
Trade Name, if any:	☐ b. Trust
P.O. Box, Bldg., Room No., if any	☐ c. Employer
Street 2500 Schuster Drive	
City Cheverly	
State Maryland ZIP Code + 4 20781	

10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Peake Delancey is one of the printing companies used by the NALC to do our printing.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	**11.b. Approximate dollar value of such dealing.** $2,080,810
City	**12.a. Nature of interest held or income received.**
State ZIP Code + 4	Received at home from Delancey during the year gift packages of such items as steak filets, crab cakes, fruit, cheese, and ham.
	12.b. Amount. $401

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer ☐ or Consultant ☐ ?	**14.b. Amount of payment.**